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THE DOCTOR AND THE NURSE IN INDUSTRIAL ESTABLISHMENTS¹

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THE application of the established principles of safety, sanitation and hygiene to shop practise rests upon three fundamental conditions: (1) Intelligence and goodwill on the part of employers that they may desire to provide conditions which will insure well-ventilated, well-lighted and well-cleaned working places, to guard dangerous machinery and to furnish protection against fire. (2) Interest and responsibility on the part of employes that they may make concerted demand for sanitary standards and may coöperate not only in establishing these standards but also in maintaining them. (3) Enlightened opinion on the part of the public, that it may, through its knowledge of what constitutes good service, insure competent factory inspection and sustain protest against interference with the official integrity of the factory department.

But in addition to all these conditions, service to the individual in the shop is essential both for treatment and for education. The need for such service has led to the employment of trained people for this purpose. The discussion of general sanitary conditions too often brings no specific evidence of the relation of such conditions to individual ill-health; the work of the doctor and the nurse necessarily emphasizes the individual consequences of such conditions.

Many industrial establishments (the exact number cannot be ascertained, since the experiment is new and the printed information fragmentary and indefinite) employ doctors or nurses or both. Inquiry has been made of some twenty as to why they do so. Practically all make the same answer: "It pays;"—"It is a saving to the firm in prevention of infections and

¹ Read in discussion at the meeting of the Academy of Political Science, November 11, 1911.

large hospital bills; ”—“ Our medical department is considered of economic value or it would not exist.”

The employer testifies that he secures increased efficiency by having someone on the spot to whom the employes' illnesses may be reported. Serious effects from minor accidents are prevented by giving immediate aseptic treatment. Headaches, hysteria and small ailments can be controlled by a nurse through the application of common sense on her part, because the workers have confidence in her. The loss of an entire day's labor because of slight and temporary discomfort is often eliminated through the nurse's attentions.

A manufacturing company employing over 2600 persons reports that three years ago, before the establishment of a factory doctor or nurse, it was found upon careful study that an average of six men were absent from work daily owing to slight injuries, which were not serious in themselves but which had resulted in infection through lack of early attention. As the firm paid wages for a portion of the time employes were absent because of illness, there was a two-fold loss to it, namely, the wages paid and the decreased production, and in addition there were the reduced earnings and the suffering of the employes themselves. During the year ending October 31, 1910, after the employment of a nurse and physician, the company report that out of some four thousand minor injuries such as cuts, bruises and sprains, the infections resulting did not average more than four a month. The firm states that the experiment has been of value to the company and to the workers and has opened up unexpected avenues of usefulness. Another firm reports important economic gains to them following the employment of doctor and nurse. In this establishment the girls work in pairs and the indisposition of one means the loss of the work of two. Another firm employing over 2500 people reports practically the same result and adds that it will hereafter increase the physicians and nurses as the number of employes grows larger.

Care for the health of operatives has induced the telephone companies to make interesting experiments. The effect of improved ventilation has had no more convincing demonstration than that described in the United States report on the telephone

companies. The result of ventilating unventilated rooms was a marked improvement in the health of the girls in actual figures: $4\frac{9}{10}\%$ of the force were absent in 1906; $4\frac{5}{10}\%$ were absent in 1907, and only $1\frac{1}{10}\%$ were absent in 1908, after ventilation had been installed. Continuous study by people in the field would multiply such instances.

Such testimony as this is evidence of scientifically managed industries and perhaps is the more wholesome in that it is no attempt to assume the rôle of philanthropy, but a very frank and up-to-date acknowledgment of the good business policy that employs machinery of every kind to increase efficiency and reduce waste.

Important as is this saving to the employer and employe, the slogan, "It pays," is not in itself an appeal of sufficient loftiness to enlist the ardent support of the working people and the general public. Working people as a rule are not deeply interested in social welfare work, since their most immediate pressure as they see it would be relieved by higher wages and shorter hours, and health protection is to them of remoter consequence. The Joint Board of Sanitary Control of the Cloak and Suit Industry is the most notable exception to this. Perhaps no social worker would be inclined to insist upon the special values of medical inspection and sanitary protection in shop and factory did he not see in the movement help towards a standardizing of work and hours.

There is a difference of opinion as to where the responsibility for the employment of the doctor or the nurse should rest. The benefit societies, long established, have accustomed men and women to an insurance against sickness for which they have themselves paid in whole or in part. It seems natural for employes to assume that their interests are more likely to rank in importance with those of the employer when they share the expense of doctor and nurse. On the other hand, manufacturers, while frankly acknowledging the economic gain to themselves, through better physical condition of their employes and through the elimination of lost time due to trifling ailments, also say that the service in the establishment is much better managed by the responsible heads of the plant. They

declare that it is not desirable that first-aid treatment should in any way compete with the doctors' practise and that it should not be developed into medical clubs.

Some smaller industrial establishments not warranted in engaging the full time of a nurse have arranged with the visiting nurse associations in their communities for periodical visits from the nurse in the district; other firms who have the full time of a nurse have made satisfactory arrangements with a physician who can be called upon by the nurse when in her judgment his services are essential. The doctors are not eager to give their full time to the treatment of minor ailments and slight accidents, and one physician reports that the emergency cases which they are called upon to treat in factories where girls are employed are usually attacks of hysteria that can well be handled by the nurse alone, as can also such accidents as happen in box factories and similar industries. In naphtha dry-cleaning establishments the girls often suffer nervous attacks, loss of appetite and dizziness, and need general help and advice as much as medical care. In general it would be safe to say that the nurses are needed most where girls are employed and where the work does not involve serious accidents, but where the strain is severe from excessive speeding or where heat or noise is great.

Doctors are especially required for preventive work in the poisonous and dusty trades where regular periodical medical inspection should be given to all men and women employed in order to defend them against the action of the poisons and to protect them against industrial tuberculosis. The presence of the nurse working with the doctor is of incalculable value in giving knowledge of minute symptoms that should help in the handling of the hygiene of the industry as well as of the individual. Doctor and nurse who have broad interests and the social point of view can perform significant work in the factory and workshop in developing methods for establishing safe conditions concerning which we are at present talking a great deal but doing comparatively little.

Rendering first aid in cases of accident or giving treatment for petty ailments is but a part of the opportunity. The field for general observation is tremendous and the nurse, if properly

trained, can be of great importance in the industrial world, through her knowledge of the effects of speeding up and nervous exhaustion. She ought to know at what time of the day the workers are most subject to accidents. She should be able to work out a system of periodical rests and trace the occurrence of fatigue, illnesses and accidents to conditions and causes. She should have something definite to contribute as to the number of hours that it would be safe to work at any given trade.

Working side by side with the doctor she should have evidence and data to bring him upon which he may develop scientific measures of prevention and precaution. The work of the doctor and nurse should be closely coördinated with that of the state factory inspector, in whose hands eventually the hygienic and sanitary condition of the factory will probably be placed.

In this discussion, I have not referred to home follow-up work by the nurse, upon which some employers of labor place great weight. They give numerous illustrations of her ability to harmonize the relationship between employer and employee and they suggest the elimination, through her knowledge of the homes, of certain elements of disturbance in the routine of the plant.

Department stores also have utilized the nurse, and occasionally the doctor. Their officials report that it has been of advantage to them and to their employes on the whole. For service of this kind there is a demand for the right kind of nurse greater than the supply that the training schools provide.

In conclusion I would repeat that doctors are needed in industrial establishments primarily for the study of occupational diseases, for the prevention of industrial poisoning and for surgical work. Nurses are required to assist the factory surgeons and to take general care of the girls, assisting them to regulate their diet and personal hygiene, caring for them when they suffer from vague symptoms of fatigue, over-strain and bad air.

In the light of the evidence already obtained, the public would seem obligated to the promotion of a policy of supervision and education that will bring official inspection to a standard re-

quiring close knowledge of every industrial establishment and involving not only investigation of the sanitary conditions of the premises, but physical examination of the persons employed, that there may be assurance of their fitness for the work upon which they are engaged.

The medical inspection of industries would seem to be a logical extension of the police powers of the state. That intelligent employers have found it of practical economic value to engage the nurse and doctor for their benefit—and incidentally to the advantage of the employes—is an assurance of the wisdom of promoting a public sentiment for the supervision of the individual employes in every work-shop. It would seem to promise “to pay” for the state as well as for the employes.

Protection of the workers is only in its beginning. The education of the people at the bench and at the machine is essential. Through their intelligent demand for protection and safety the presence of doctor and nurse may become universal and democratic.